

Legislative Testimony
H.B. 5630 AAC The Establishment Of Licensure For An
Advanced Dental Hygiene Practitioner
Public Health Committee
Monday, March 16, 2009
Kurt Koral, D.M.D.

Good afternoon Senator Harris, Representative Ritter, and members of the Public Health Committee. My name is Kurt Koral. I am an oral surgeon and for the past 10 years I have been the Assisting Chief of Dentistry at Yale New Haven Hospital, Department of Dentistry, and an Associate Professor at the Yale School of Medicine in the Department of Surgery. Prior to those duties I was in private practice for 35 years.

I strongly urge your rejection of this bill. It is apparent to me that the banner under which our hygiene friends have placed this bill is access to care. However, I believe that they have truly neglected to look beyond their own professional interest in any comprehensive effort to improve access to oral health care.

Let me start by stating a fact: there is no evidence to support that expanding the scope of practice of healthcare professionals improves access to care. In my humble opinion, before approving a proposal that does not exist anywhere in the country, one should at the very least spend some time considering other viable options:

1. Assessing effect of new fee schedule for children in Husky A and B programs:

Ever since the new dental fee schedule for children was passed by the legislature, hundreds of private dentists have already signed up or are in the process of signing up for participation in the Husky A and B Dental programs. Assessing the final numbers of dentists enrolled in these programs will reveal how much of an access to care remains.

2. Taking advantage of a "captured" population:

Expanding school-based dental programs will "capture" a large population of children who will be right on site, available to receive care without dealing with transportation issues and relying on parents to bring their children to the dental offices for care.

3. Expanding Hospital-based residency programs

Dental residency programs are financed through Medicare funding through its guaranteed federal graduate education program. The salaries and benefits and education of hospital residents are fully covered through this federal program at no cost to the hospital. Dental residents provide clinical care to the underserved. They also cover the Emergency Room and provide in-patient consultations and

operating room treatment to patients with special needs. Expanding the number of residents in hospital-based dental programs is a very cost effective safety net for this underserved population.

4. Dealing with the challenges of the underserved population

Husky A and B patients have many health problems and are far less compliant than the patients seen in private dental practices. They need highly trained, skilled and experienced professionals to treat their more complex problems.

5. Need for an in-depth study the Mid-Level Practitioner Position

A comprehensive study must be performed to determine the need for a mid-level practitioner and who would best fit to be trained for this position. Is it more cost effective to train dental assistants rather than dental hygienists for this position? Does it make more sense to create a new position such as a "physician assistant" and not cannibalize the auxiliaries in the existing system?

In closing, I would just like to re-state the fact that there is no evidence to support that expanding the scope of practice of healthcare professionals improves access to care. This bill is NOT about access, it is simply a scope-of-practice proposal...nothing more.

I thank-you very much for taking the time to read my written testimony and would be more than happy to answer any questions that members of the Committee may have.

Sincerely,

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